

# 2002 UNIFORM BUSINESS REPORT (UBR)

0014276 AT

**DOCUMENT #** A95000000461

**1. Entity Name**  
LAUREL ENTERPRISES, LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

4/29

02 APR 23 AM 8:58

**Principal Place of Business**  
489 W. MINNEHAHA AVE.  
CLERMONT, FL 34711

**Mailing Address**  
P.O. BOX 91085  
LAKELAND FL 33804



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2002**

**4. FEI Number** 59-3310081

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**TARA FINANCIAL SERVICES, INC.**  
487 W. MINNEHAHA AVE  
CLERMONT FL 34711

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions** as Shown on record. **\$31,500.00**

**10. Amount of Capital Contributions** in FLORIDA to date. **31,500.00**

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

**13. ADDRESS CHANGES ONLY**

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	DECUBELLIS, STEPHEN JR	139 CONNIE LEE COURT	LAKELAND FL 33809
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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**14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:** STEPHEN JR DECUBELLIS **4/15/02** **863-858-8998**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)